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25096 7590 12/24/2003

PERKINS COIE LLP
PATENT-SEA
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SEATTLE, WA 98111-1247

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Melody J. Almborg	(Depositor's name)
<i>Melody J. Almborg</i>	(Signature)
March 24, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/811,261	03/16/2001	Martin Bleck	291958181US3	9941

TITLE OF INVENTION: ELECTROCHEMICAL PROCESSING METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	03/24/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEADER, WILLIAM T	1742	205-080000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Perkins Coie LLP
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Semitool, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Kalispell, MT

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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☒ Issue Fee☒ A check in the amount of the fee(s) is enclosed.☒ Publication Fee☐ Payment by credit card. Form PTO-2038 is attached.☒ Advance Order - # of Copies 3☒ The Director is hereby authorized by charge any deficiency to deposit the fee(s) or credit any overpayment, to Deposit Account Number 50-0665 (enclose an extra copy of this form).

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